Washington Metropolitan Area Transit Commission

2010 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2010, must file a complete 2010 annual report and pay a \$150 annual fee on or before **February 1, 2010**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a \$100 late fee. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate \$100 late fee.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 4, 2010.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

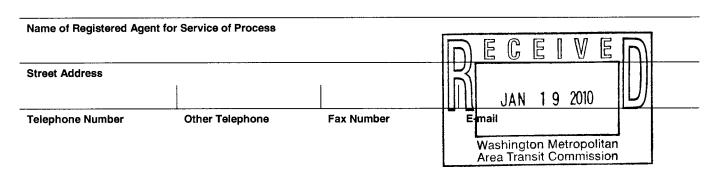
1. ANNUAL REPORT OF:								
Norvel F. Wood, Jr., t/a D C Tours & Transportation, LLC								
*WMATC No. *Name of Carrier (as shown on certificate of authority)								
1001 Otis Street, N.E., W		7-1765						
*Street Address of Principal P	IACE OF BUSINESS							
Mailing Address (if different fr	om street address)							
(202) 256-9719		(202) 269-3017	dctours@tmail.com					
*Telephone Number	Other Telephone	Fax Number	E-mail					
2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):								
Mar Norvell C Mood In		Solo Proprietor						
Mr. Norvell F. Wood, Jr.		Sole Proprietor						
*Name		*Title						
(202) 256-9719		(202) 269-3017	dctours@tmail.com					

Fax Number

E-mail

3. REGISTERED AGENT <u>INSIDE</u> THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS *(Complete ONLY if Street Address in item 1 is OUTSIDE Metropolitan District):

Other Telephone



(continued on next page)

*Telephone Number

4.	*CHANGES: Describe any merger, consolidation or other change in management, ownership,
	control, or form of organization that occurred after the previous year's annual report was filed, or if
	not applicable, after the carrier's certificate of authority was issued. If no changes are entered below.
	the carrier certifies that no such changes have occurred.

DC TOURS & TRANSPORTATION, LLC						

5. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: Choose one of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list and return it with this form; or (3) attach your own vehicle list. Include <u>all</u> required information.

Fleet No.	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity
	2003	FORD	1FDXE45F83HA11379	B43383	DC	25
	2002	FORD	IFDWE45F92HA35720	i	DC	26
			MECELV			
			D .IAN 1 9 2010			
			<u> </u>			
			Washington Metropo Area Transit Commi	sion		

6. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

NORVEL F. WOOD, JR,

*Name (Type or Print)

PRES; DENT/CED

DC TOURS THAT A STATE OF THE STATE O

OCTOURS TRANSPORTATION, LLC.

*Signature

January, 15, 2010

WMATC No: 1244 Washington Metropolitan Area Transit Commission

2010 Annual Report: Revenue Vehicle List

Name:

Norvel F. Wood, Jr.

Trade Name: D C Tours & Transportation

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. You may choose from the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list and submit it with your annual report; or (3) attach your own vehicle list. Failure to report revenue vehicles may result in a civil forfeiture.

ACheck this box if all information on this list is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered			
	2000	Ford	1FDXE45F1YHA94564	B38602	DC	24		